



MASSACHUSETTS COMMISSION FOR THE DEAF AND HARD OF HEARING

150 Mount Vernon Street, Suite 550
Boston, MA 02125-3115
(617) 740-1600 Voice (617) 740-1700 TTY
(617) 740-1880 Fax

INTERPRETER ASSIGNMENT BILLING FORM

Job ID#	Reference Number	Appointment Date	Appointment Time
Name & Address of Assignment			
Town/City			Zip
Consumer's Name			
Interpreter's Name			
Interpreter's Address			
Town/City		State	Zip
Certification Level of Interpreter			
Start Time of Assignment		End Time of Assignment	
Total Hours (2 hour minimum)	Interpreter's Rate	Deaf-Blind Rate (if applicable)	Total Fee for Interpreter
Travel			Travel Fee
Mileage Odometer Reading: TO		Mileage Rate	Total Mileage
			Total Amount Due

**I certify that the above information is true and correct.
Information will be kept strictly confidential.**

Interpreter's Signature
Consumer's Signature X